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Original Research Article

A DESCRIPTIVE STUDY TO ASSESS THE PREMENSTRUAL SYNDROME AND COPING BEHAVIOUR AMONG WOMEN

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ABSTRACT

Premenstrual syndrome are the symptoms which occur during one week before menstruation and some time symptoms are so severe enough to disturb life cycle of a women. She adopt different method to cope-up with problem. A descriptive study was conducted among women to assess the premenstrual syndrome and coping behaviour among them. A total 248 women were selected for collection of data. The questionnaire consisted of two parts. Part one is assessment of premenstrual syndrome and part two is for check list on coping behaviour. The most commonly (79.43%) out of 248 having were lower abdominal pain. (66.12%) having backache, (52.01%) having low efficiency of work performance. Majority of them were using healthy coping strategies. (89.11%) do not blame themselves for the this problem, (75.40%) accept it as nothing can be done , (98.11%) take hot or cold drinks.

KEY WORDS: Premenstrual Syndrome, Coping behaviour, Menstruation, Abdominal Pain, Low Back ache.

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INTRODUCTION

Menstruation is a normal physiological impact in each girls life. Menstruation is a monthly uterine bleeding for 3-5 days after every 28 days from puberty till menopause [1]. A change in mood, behaviour, appearance of some abnormal vague symptoms is often noticed in second half of the cycle. But if the symptoms are severe enough to disturb life cycle of a women or require medical help, called premenstrual syndrome (PMS) [2]. Atleast one of the following somatic & affective symptoms appear 5 days before menses or prior menstrual cycle [3]. Affect symptoms are depression, anger outburst, irritability, anxiety, confusion & social withdrawals. While in somatic symptoms there are breast tendemess, abdominal bloating headache [4]. These symptoms are relieved within 4 days of the onset of menses [5]. Research suggest that altered regulation of neurohormones transmiters is involved. Between the age of 25-35 year upto 85% of menstruating women report having one or more PMS. PMS certainly seems to be associated with the luteal phase of the cycle, that is the phase during which progesterone is produced. Studies suggest that progesterone was deficient in the luteal phase in PMS patients. The level of beta endorphin increases in the peripheral blood during the luteal phase of the menstrual cycle. Endorphin can affect mood. Endorphin prematurely decreased during the menstrual cycle. Recent finding shows that many women with PMS have hot flushes showing a relative estrogen deficiency correlates well with the concept of a beta-endorphin deficiency as the

cause of PMS. Prostaglandin inhibitors (mefenamic acid) can improve symptoms of PMS. There is some influence of prostaglandin on betaendorphin production that could link these two possible etiologies of PMS. For women between the age of 14-50 years experience PMS. Ninty percent of girls are expected to have pain during this period according to Brook a study conducted in Israel [6,7]. The present study has been under taken to find out the symptoms of PMS among Students.

MATERIALS AND METHODS

Setting & Subjects: A descriptive study was being conducted on the Women. The study was conducted on 248 Women. Prior to data collection questionnaire was filled by them and data collected.

RESULTS

In present study 248 Subjects were studied. The results of observation were calculated by finding out the frequency and percentage. The observations were put under different table and plot on bar diagram, pie chart.

Table 1: Distribution of Subjects according to age variation.

Age Group	Frequency (%)
<20 Years	83 (33.5%)
21-30 Years	152 (61.3%)
>30 Years	13 (5.2%)

Table I depict the age variation of subjects. The study revealed that 42 (33.5%) students were in the age group <20 years, 152 (61.3%) subjects were 21-30 years and 13 (5.2%) subjects were > 30years.

Table 2: Distribution of study subjects according to the age of menarche.

Age of Menarche	Frequency (%)
Before 12 Years	15 (6%)
12-15 Years	221 (89.1%)
After 15 Years	12 (4.9%)

Table 2 and Graph 1 depicts the distribution of study subjects according to the age of menarche.221 (98.1%) subjects had menarche at age 12-15 years, 12 (4.9%) subject had menarche at 15 years of age.

Graph 1: Distribution of subjects according to the age of menarche.

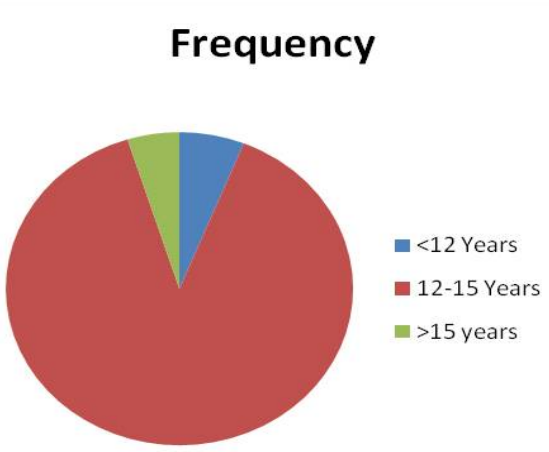

Table 3: Premenstrual Symptoms faced by subjects.

Problem	Frequency (%)
Lower abdomen Pain	197(78.2%)
LBP	164 (66.1%)
Irritability	160(64.5%)
Fluctuation of Mood	147 (59.2%)
Lower efficiency of work performance	129(52%)
Restlessness	126(50.8%)
Pain in thighs	113(45.6%)
Distraction from work	106(42.7%)
Breast Tenderness	105 (42.3%)
Difficulty in concentration	104 (41.9%)
Body Ache	104 (41.9%)
Avoid Social Activity	95 (38.3%)

Graph 2: Premenstrual Symptoms faced by subjects.

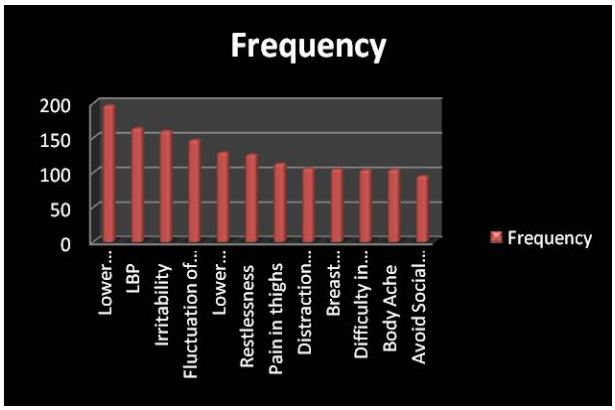

Table 3 and graph 2 depicts premenstrual symptoms faced by subjects. The study revealed that 197(78.2%) subject having lower abdomen pain, 164 (66.1%) back ache, 160 (64.5%) irritability, 147 (59.21%)fluctuation of mood, 129 (52.01%) lower efficiency of work performance,

126 (50.8%) restlessness , 113 (45.6%) pain in thighs, 106 (42.7%) distraction from work, 105 (42.3%) breast tenderness, 104 (41.9%) difficulty in concentration, 104 (42.7%) body ache, 95 (38.3%) avoid social activities.

Table 4: Coping behaviour adopted by subjects.

Adaptive Coping Behaviour	Frequency (%)
Donot blame themselves	221 (89%)
Accept PMS as natural process nothing can be done	187 (75.4%)
Take hot/cold drink	181 (73%)
Donot express anger on other	178 (71.8%)
Turn to study and forget things	149 (60.1%)
Talk to family members	142 (57.3%)

Table 4 depict coping behaviour adopted by students. 221(89.1%) subjects donot blame them self, 187 (75.4%) accept it as nothing can be done, 181 (73.1%) take hot/cold drink, 178 (71.8%) donot express anger on other, 149 (60.1%) turn to study & forget things, 142 (57.3%) talk to family members

DISCUSSION

It is an accepted fact that menstruation is a normal physiological impact in each girls life [8,9]. Adolescent and younger age period of the girl is crucial phase. In our culture it is

believed that girls should not express their feeling toward sexual aspects. Premenstrual syndrome is the primary reason by women to miss work, school or college [2]. Some time their symptoms are so severe that she needs medical care. The present study was conducted on 248 Women revealed that majority 152 (61.28%) were of age group 21-30 years and majority 221 (89.11%) had menarche at 12-15 years of age, 163 (65.72%) had at interval of menstrual cycle between 28-30 days only 1 (0.40%) was having irregular cycle, 186 (75%) had duration of menstrual cycle 4-5 days. Majority 197 (79.43%) students were having pain in lower abdomen, 164 (66.12%) were having backache, 160 (64.51%) were having irritability, 113 (45.05%) had pain in thighs & 73 (29.43%) had pain in breast.

Mortie Joseph F (1986) [5] mentions in his study that premenstrual syndrome demonstrated depressive episodes that occurred selectively in the luteal phase of the cycle at least 1 or 2 following somatic and affective symptoms appear during the 5 days before menses. The present study also indicates that mostly students were having problem 5 days before the menses. Brook a study conducted in Israel (1984) shows that 90% of girls are expected to experience pain during this period [10].

Abraham Studied among 1,367 young Australian women age 14-19 years showed that 54% women experience irritability, 40% abdominal bloating as premenstrual syndromes [8]. In present study 79.43% were having lower abdomen pain, & 64.51% were having irritability. In present study mostly students used adapted behaviour to cope up with these problems. Majority of students were using healthy coping strategies. i.e., (89.11%) do not blame themselves for this problem, 187 (75.40%) accept it in healthy way that nothing can be done, 181 (72.98%) take hot or cold drinks. 178 (71.77%) do not express their anger on others. They accept it as a natural process as nothing can be done and try to cope up in healthy way.

CONCLUSION

It was concluded from the findings of the study that majority of students were having lower abdomen pain, backache, irritability, fluctuation of mood. Minority of students were having somatic symptoms like feeling of suffocation, chest pain, feeling of tingling sensation and ringing in ear. In order to overcome it majority of students adopts healthy coping strategies for these problem. i.e., do not blame them, they accept it as natural process as nothing can be done. They take hot drinks to feel better. They do not express their anger on others.

Conflicts of interest: **None**

REFERENCES

[1]. Lori M Dickerson, Pamela J Mazyck, Melissa H Hunter. premenstrual syndrome. American family physician 2003;67(8):1-15.
[2]. Premenstrual Syndrome. Premenstrual Syndrome Britannica 2008;1-4.
[3]. Premenstrual Syndrome (PMS) Premenstrual Dysphoric disorder (PMDD). (2008)

[4]. Pre menstrual syndrome. Jason's Tribute ideas of life an international women holistic health resource group.
[5]. Mortoie Joseph. Study of menstrual pattern of college girls of Poona. Indian Journal of obstetrics and gynecology 1986;161(6):1682-1687.
[6]. Dickerson LM, Mazyck PJ, Hunter MH. Premenstrual syndrome. American family physician. 2003 Apr;67(8):1743-52.
[7]. Premenstrual Syndrome. Obstetrics and Gynecology Clinics of North America 1990;17(2):457-469.
[8]. Abraham S. Menstruation, menstrual protection and menstrual cycle problems. The Medical Journal of Australia 1985;142:247-251.
[9]. Amonda Milligan. Lifting the curse. Nursing times 1987;83(18):50-51.
[10]. Cronje WH, Vashisht A, Studd JW. Hysterectomy and bilateral oophorectomy for severe premenstrual syndrome. Human Reproduction. 2004 Sep 1;19(9):2152-5.

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